EB 7 1951 DENTISTRY

FEES EXCESSIVE?

1951 JANUARY 1951

In This Issue: WHEN ARE

HVGIENE

Greater Philadelphia Dental Meeting, Philadelphia, January 30-February 1.

# To Eliminate Costly and Annoying Repairs —

HANDPIECES should first be cleaned



No single preparation can both clean and lubricate. To insure the greatest possible service from handpieces and angles clean off accumulations of grit and dirt regularly with SOLUBRI CLEANER.



and then LUBRICATED

Solubri Oil

which keeps gandpieces and angles running smoothly and prevents fun. Takes but a moment and proving parts against undue wear.

Wide mouth 2 cunce bottles \$.50 each

C O.

U. S. A. N D 0 H

As one of the charter advertisers in ORAL HYGIENE, we extend to this publication our congratulations and best wishes on this their 40th anniversary.



# HAPPY NEW YEAR The behin

"ring out the old year"

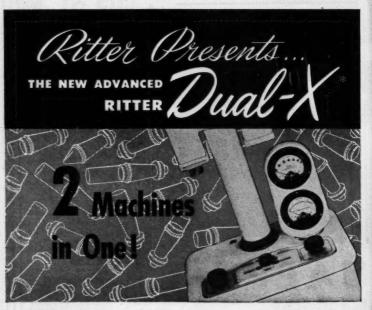
"ring in the new year"

YEAR The words are the same but the sincerity behind them is as profound as ever. We hope there is much health and happiness ahead for you in this brand new year.

We know there is unanimity in our hope that 1951 will be a year of peace and prosperity rather than one of war, misery, and destruction. The realization of these hopes is not impossible despite the present uncertain situation.

# PEARCE DENTAL SUPPLY COMPANY and LABORATORIES

Wichita, Kansas
Amarillo, Texas — Lubbock, Texas



# NOW... Your Choice of Techniques with the Exclusive RITTER Dual-X

### VARIABLE TECHNIQUE

Set on variable, the Ritter DUAL-X allows you to control, independently, kilovoltage and milliamperage. As a result, the DUAL-X provides clear, sharply defined radiographs of greater diagnostic value. Long distance radiographic techniques and profile radiography become routine due to the ease of DUAL-X adjustment.

### STANDARD TECHNIQUE

Set on standard, the Ritter DUAL-X is ready for your routine examinations. With this setting kilovoltage and milliamperage do not need to be adjusted. A reading of 10 milliamperes remains constant for all radiographs. You or your nurse can make routine examinations easily... in a minimum of time.

VISIT OUR SHOWROOM FOR A DEMONSTRATION OF THE NEW RITTER DUAL-X.

## PEARCE DENTAL SUPPLY COMPANY and LABORATORIES

Wichita, Kansas Amarillo, Texas — Lubbock, Texas PON

SERVICES BY

PEARCE

DENTURES IN ALL TECHNIQUES

PARTIAL DENTURES

INLAYS & CROWNS

PORCELAIN & ACRYLIC RESTORATIONS

PONTIC BRIDGEWORK

IMMEDIATE RESTORATIONS

BITE RAISING APPLIANCES

PRECISION ATTACHMENTS

REPAIRS AND ALTERATIONS

REMOVABLE RESTORATIONS

FIXED BRIDGEWORK

PLASTIC DENTURES



# PONTIC BRIDGEWORK BY PEARCE MUST BE BETTER

When cost and esthetics must be considered in the construction of a fixed bridge, specify pontic bridgework. Pontic bridgework is esthetic: there is a minimum display of metal. Pontic bridgework is cleaner: only highly glazed porcelain contacts the tissue. Pontic bridgework is serviceable: pontics can be replaced easily in the event of repair.

Our technicians construct a great number of these cases.

Their experience and ability promises best possible results.

PEARCE DENTAL SUPPLY CO. and LABORATORIES

Wichita, Kansas Amarillo, Texas — Lubbock, Texas

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PEARCE DENTAL SUPPLY CO.

"MEN ARE IMPORTANT"

# VITALLIUM®



Cast" Partials

PLEASE YOUR PATIENTS BETTER

IN

Esthetics

PRESCRIBE

VITALLIUM PARTIALS

FOR GREATER PATIENT SATISFACTION



® by Austenal Laboratories, Inc.

# PEARCE DENTAL SUPPLY COMPANY and LABORATORIES

Wichita, Kansas Amarillo, Texas — Lubbock, Texas



# Pain-free appointments are most efficient

Let Anacin help cinimize your against poin and fretting during treatment. Then you can work faster, easier and more deliberately with a relaxed patient. Given preoperatively, Anacin acts quickly to relieve pain of subgingival scaling and other instrumentation. Postoperatively, Anacin affords a prolonged analgesia after the patient has left your office. So for a painless appointment, use Anacin preoperatively as well as postoperatively. Samples sent regularly every month on request.





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By Mass

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### **Forty Years**

This department just emerged from a great big snowdrift in which it has been stuck since Thanksgiving Day, just in time to do something about celebrating Oral Hygiene's fortieth anniversary. Nothing at all special was planned. For one thing, Editor Ed Ryan is allergic to anniversaries and seldom wants to do anything about them. As this is written in late November, I don't know for sure but I doubt that he himself will say anything whatever about the magazine having reached the age which life begins at. In his opinion, getting to be forty is nothing to shout about. Maybe Ed is right. But the Corner hasn't been able to resist marking the event in a quiet way.

Snowbound at home for four days, there has been plenty of time to think about it. There was plenty of time to write about it too. But somehow when you're snowbound you can find no end of excuses for just sitting around. Suppose you do write a piece for the magazine. Maybe you never will get to the office so as to





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THE -

When your patients ask about fast laxation recommend effervescent Sal Hepatica. There's no lag, no continuing discomfort while your patients wait for this laxative to act. Taken before the evening meal, satisfactory action is assured before bedtime, thus permitting a sound night's sleep. Taken in the morning before breakfast, laxation will usually occur within the hour.

Sal Hepatica's action is gentle, too, for its fluid bulk provides soft

Sal Hepatica suits your patients' convenience—and yours. Antacid Sal Hepatica also combats gastric hyperacidity which so often accompanies constipation.

• Aperient
• Laxative
• Cathartic

\*Average dose



SAL HEPATICA, a product of BRISTOL-MYERS 19 West 50th Street, New York 20, N. Y.

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send the manuscript to the printer. The writing would have been futile labor. It is bad enough to have to work for a living, I kept telling myself, so let's not risk putting in heavy licks on a CORNER which may never reach the linotype.

There had been a prime example of that sort of thing two days before—shoveling the snow out of the driveway one evening only to find the drifts deeper than ever next morning. Then it wasn't long before we were completely snowed in. Ever since we moved out into the sticks twenty-seven years ago, I had been hoping something like this would happen—hoping for the experience of just sitting around for several days with the best excuse in the world for not going to the office. I got my wish finally, and it will be quite all right with me if it never happens again. No automobile. No milk. No mail. No grocery man. No laundry man. No newspapers. Nobody dropping in. And the guilty feeling that you ought to be out in the yard trying somehow to do something about it.

In the midst of all this, I was thinking about the CORNER I was resisting writing, and idly wondering what ORAL HYGIENE'S founder, the late Linford Smith, had been thinking about exactly forty years ago, in late November of 1910, with the deadline of the magazine's first issue creeping up on him—Volume One, Number One, January 1911. It seemed quite likely that Linford was suffering from the deadline fidgets, an ailment that I myself have experienced twelve times a year for nearly thirty-five years.

As the deadline gets closer and closer, day after day you grow more and more certain that you will never make it. Of course, you do make it, somehow. After unforeseen delays—lost manuscripts and missing cuts and waiting for late advertising copy and things like that—somehow the magazine does get to press and, finally, finished copies miraculously appear. But—despite the miracle—next month you repeat the nutty routine

XUM

THE SKAPYOR CORPORATION OF AMERICA now introduces to the American Dental Profession

A New and Valuable Adjunct for the Treatment of Periodontal Diseases

### SKAPYOR

Successfully used for over 20 years in Europe and Great Britain

With the use of this treatment, the need for radical periodontal surgery may be completely eliminated, even in cases of chronic pyorrhea. It is, we believe, superior to any medication previously available to the American dentist for use in treatment of chronic gingivitis and pyorrhea.



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Non-Toxic both locally and systemically, It is anti-bacterial. Caustic action is self-limiting.

A Fibrosing Agent the epithelial attechment underlying the previously sloughed diseased epithelium is strengthened by ibrosis, and tissue tone in this area is nuch improved. A Sloughing Agent the drugs used in the preparation of SKAPYOR cause a destructive escharotic action. However, when the drug is used as directed, this becomes a disease eliminating action as the inflamed pocket-forming epithelium is sloughed.

Rapid positive results are obtained in the great majority of cases treated to date. Now any dentist with an ordinary knowledge of periodontal problems can obtain the desired results in the treatment of periodontal diseases. The cost of SKAPYOR is reasonable, \$10.00 per package. Easy to use, instructions are enclosed in each package.

THE SKAPYOR CORP. OF AMERICA, 704 RING BUILDING, WASHINGTON 6, D.C.
Send box of SKAPYOR to my office and charge to my dealer
Send brochure and additional information concerning SKAPYOR
Name of Dealer
Name
Address
City State

again. And the next month. And the next month. We live and learn—but not very much.

Thinking of Linford's first deadline, I got to thinking, too, about the advertising copy he waited for forty long years ago, and I wondered how many of these firms are still flourishing and still running their copy in the magazine. It turns out to be quite a list. In Oral Hygiene's first volume, 1911, there were not very many advertisers—only thirty pages of ads, as a matter of fact, in the first issue. But sixteen of the firms are still with us.

The group includes Abbott Laboratories, The American Cabinet Company, Claudius Ash, Sons & Company, U.S.A., The Cleveland Dental Manufacturing Company, Cook-Waite Laboratories, The Dentists' Supply Company of New York, Johnson & Johnson, H. D. Justi & Son, Inc., The Lavoris Company, The J. M. Ney Company, Ohio Chemical & Surgical Equipment Company, Parke, Davis & Company, The Pelton & Crane Company, The Ransom & Randolph Company, Ritter Company, Inc., and Lee S. Smith & Son Manufacturing Company.

Some of the things they advertised forty years ago look pretty quaint today, as you thumb through the old pages and look at the pictures. Pictures of some of the dental assistants of forty years ago are especially ducky. Several appear in dental-office scenes used to illustrate advertisements—pompadours piled high, well-stuffed shirtwaists, skirts that touch the floor.

None of the charter advertisers was importuned to buy extra space this month to help celebrate Oral Hygiene's fortieth birthday. The idea was tempting, but doing anything like that has always seemed to us to be like inviting your friends to your birthday party and then admonishing them to be sure to bring a present.

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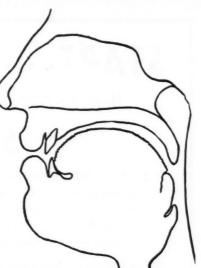
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# CRYSTALLINE terrar

Each troche provides 15 mg. of Terramycin in a pleasanttasting, mint-flavored sugar base.

Particularly valuable in Vincent's infection, and as an adjunct to dental procedures in the treatment of pericoronitis and other mouth infections caused by a wide range of Gram-positive and Gram-negative bacteria.

### Administration and Dosage

Daily dosage of 8 to 16 troches has been found adequate for most infections. A troche is placed in the lower gingivolabial groove and permitted to remain without sucking or chewing until completely dissolved.

Supplied: On prescription, in packages of 24.



Antibiotic Division

CHAS. PFIZER & CO., INC., Brooklyn 6, N.Y.

# START---

### Where the Toothbrush

# STOPS --

- STIM-U-DENTS hit at the very heart of tooth decay and gum disease . . . in the hard-to-get-at spaces between the teeth not effectively reached by the toothbrush . . . where, it is conceded, most decay and disease begin.
- The cleansing, stimulating action of STIM-U-DENTS not only acts as a prophylactic measure, but also renders an invaluable aid in the treatment of Pyorrhea and Gingivitis.
  - Use STIM-U-DENTS personally . . . The results are so convincing you will want your patients to likewise benefit.



Coupon below is for your convenience.

Use After Eating for Mouth Health.

# STIM-U-DENTS Use After Smoking for Clean Breath.

STI	M-U-DENTS, INC., 14035 Woodrow Wilson, Detroit 6, Mich
	Send FREE SAMPLES for patient distribution.
	Dr
	Please enclose your Professional Card or Letterhead
	Address
	City Zone State
	If you desire Professional Courtesy Package containing 100 Special Packet designed exclusively for dentists, enclose \$1.00.

# AUREOMYCIN Lederle

The most broadly useful antibiotic known today, aureomycin has revolutionized many surgical procedures. In the short space of slightly more than two years, about two thousand publications have appeared upon this remarkable antibiotic, attesting its superiority for the treatment of bacterial, rickettsial, protozoal, and near-viral infections.

Aureomycin is now available in several forms adapted particularly to use by the dental profession, including soluble tablets, dental cones and dental paste. Aureomycin may be used as an adjunct for the prevention or treatment of bacterial infections commonly encountered in dental surgery, including necrotizing gingivitis, pericoronitis, acutely infected pulp, acute abscess, periodontal pocket, acute suppurative pulpitis, and periapical abscess, as well as for the prevention of infections following extractions. The tablets may be used locally by applying directly to the affected area as a cone or in a solution. Cones may be used whole or crushed. Paste should be formed to suit the cavity and applied directly. In severe infections it is necessary to support local therapy by the oral administration of aureomycin capsules.

Aureomycin dental products are available through your local pharmacist

Soluble Tablets: Vials of 40 Cones: Vials of 12. Paste: Jars of 5 Gm.

### LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY
30 ROCKEFELLER PLAZA, NEW YORK 20, N. Y.



YOUR patients will be pleasantly surprised by the new, better-tasting Nembutal Elixir. It is not delicious, of course, but considering that it contains a bitter drug, it is palatable indeed. Even children can take it straight without difficulty. One teaspoonful represents 15 mg. (¼ gr.) of short-acting Nembutal Sodium.

Administration of the better-tasting NEMBUTAL Elixir will simplify the problem of calming the apprehensive patient. Short-acting NEMBUTAL provides rapid sedation with marked clinical safety, and brings the patient to your chair in a cooperative mood.

The new NEMBUTAL Elixir is available through your usual source of supply in 1-pint shelf-saving and 1-gallon bottles. Try it in your next few difficult cases.

The sincerity of our good wishes to Oral Hygiene on its 40th Anniversary is indicated by this ad—our 481st, in every issue for 40 years.

REMEMBER: In equal oral doses, no other barbiturate provides
QUICKER, BRIEFER, MORE PROFOUND EFFECT than NEMBUTAL

617.605 O-1h

Users of MINIMAX ALLOY know the right answers to these questions



Q. Are all alloys that pass specifications of equal quality?

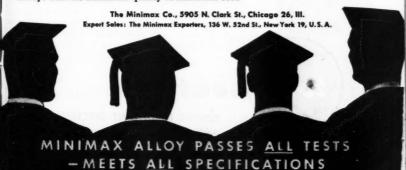
A. Not necessarily. In the "passing class" at school, for example, there is a wide range of abilities. One always stands at the top. It's much the same with alloys. Minimax Alloy No. 178 is "tops" because it not only passes all tests under carefully controlled testing procedures, but also in your hands and those of dentists everywhere using the varying technics common in dental practice.

Q. What assures the lasting success of fillings made with Minimax Alloy?

A. The fact that special processes are used to give Minimax Alloy the ability to withstand the detrimental forces of nature that adversely affect the physical properties of the amalgam.

Q. Why do so many dentists use Minimax Alloy exclusively?

A. Because Minimax Alloy is a pleasure to use; it amalgamates readily and smoothly, remains workably plastic allowing ample time for condensing... yet sets rapidly enough to permit carving without delay. And because Minimax Alloy always delivers maximum quality at minimum cost.



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gr.)

# ADD 5 TO 10 YEARS TO YOUR PROFESSIONAL LIFE...PROFITABLY...

### COMFORTABLY WITH ROTA-SEAT

Rota-Seat gives you complete operating freedom—SITTING DOWN. It will add years, profitable years, to your professional career, because when you work sitting down you banish exhaustion, backache, bending and twisting stresses that can build up to serious organic disorders. You can take care of more patients, too, for you will need fewer rest periods.

Rota-Seat is the ORIGINAL operating seat for dentists (not merely a rest stool), you sit on deep, foam rubber, and roll easily to any operating position. More and more dental colleges are endorsing Rota-Seat's "sit-down" technique every day—send for fully illustrated booklet showing how to combat fatigue and live longer—the

energy-saving, Rota-Seat way.

Ask your dental supply dealer to show you how easy it is to operate from a Rota-Seat in *your own* office. Thousands of satisfied users.

### EXTRA COMFORT FOR YOUR PATIENTS

T00 . . . .

Instead of the patient holding his head in one position, forcing you to operate from many different, uncomfortable angles, the new Rota-Seat Head Rest permits turning the patient's head to offer easier access for the dentist, thus proving more comfortable for patient and dentist alike. The Rota-Seat Head Rest is adjustable to fit any

type or make of chair. Made in one piece, large enough to accommodate any size head, of 1¼ in. thick foam rubber, covered with black vinylite to resist acids, water, oil, and all solvents, it can easily be kept clean by ordinary washing. Ask your dental supply dealer for details, or write us direct, giving your dealer's name.

seat inc.

DENTAL EQUIPMENT SPECIALISTS 4606 W. 21st St. Cicero 50, III.

Here's the "case" against denture breakage, Doctor .it's LUXENE 44

Save the trouble, money and time you waste on repairs and re-adjustment of cases broken because of the lack of toughness of acrylic materials. Luxene 44 is not an acrylic plastic; it is a Vinylite\* plastic with two to three times the strength and toughness of ordinary materials. Therefore, you can use it confidently, even for the most delicate partials. As for full dentures, many dentists report they have had no breakage since they have been using Luxene 44.

Luxene 44 dentures are best also in maintaining their fit—another Luxene 44 plus that saves you trouble, money and time.

the linglife\* Denture Base Material

PRESSURENCAST
TO FLI AND LAST

WINTER 44

PRegistered Trade Mark

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Congratulations

to

### Oral Hygiene

on its 40th Anniversary

It
is as newsworthy
as
the Pelton
S/M Light
is new!

### Try It and SEE

If you agree "A thing of beauty is a joy forever," then look to the Pelton S/M Dental Light. Its beauty will captivate you... and your patients. What's more, it's as efficient as it is beautiful. It puts cool, color-corrected, shadowless light where you want it, easily and quickly. Both optically and mechanically, the S/M Light is the finest in our long experience in providing better illumination for dentists. Let your eyes tell you... see it and try it at your dealer's or write for literature.

# **PELTON**

THE PELTON & CRANE CO., DETROIT 2, MICHIGAN



A GOLD FOIL AFTER 57 YEARS . COURTESY DR. M. B. CARTER.

### (6) tops in behavior!

The value of a dental restorative material is determined by more than its inherent potentialities. Equally important are the certainty with which its potentialities can be realized. That is to say, equally important is its behavior during manipulation or in processing.

And no material rates so high in behavior as Gold Foil. Unlike compounds, Gold Foil is free from elusive variables during manipulation. And unlike composites, it is free from elusive variables in processing. Being simple and homogeneous, Gold Foil is a constant, of uniform behavior.

This certainty of Gold Foil operations is graphically expressed by Dr. G. A. Ellsperman: "Please bear with me if I seem over-enthusiastic, but I have spent considerable time studying gold foil technic, and now I find it the easiest, often the quickest, and always the most perfect as far as permanency is concerned."

To keep regularly informed of developments in this wonderful material, simply mail the lower portion of this page with your card or letterhead to Morgan, Hastings & Co., 2314 Market Street, Philadelphia 3, Pa.—Established 1820.



help
maintain that

glowing

Smile

...with plenty
of citrus fruits



### References:

1. Armstrong, W. D.: J. Dent. Research, 27:376, 1948. 2. Hanke, M. T.: Diet and Dental Health, Chicago Univ. Press, 1933. 3. Howe, P. R., et al.: J. Am. Dent. A., 28:1089, 1941. 4. Joslin, C. L., and Bradley, J. E.: Personal communication, 5. Mead. S. V.: Proc. 52nd Ann. Meeting Fla. State Horticultural Soc., 1939. 6. Ibid .: Am. J. Orthodontics & Oral Surg., 26:968, 1940. 7. Quart. Rev. Pediat., 4:319, 1949. 8. Roworth, R. H.: J. Dentistry Child., 13:73, 1946, 9. Stearns, G .: J. Dent. Research, 27:397, 1948.

For the development of sound oral tissues and structures and the maintenance of good mouth health during childhood, 1-1.9 no nutritional factor is more important than vitamin C. Most pedodontists, in collaboration with pediatricians, urge the daily consumption of ½ to 4 oz. for infants up to one year, 4 to 8 oz. for older children, 3-4 and double this amount when gingivitis is present. When Florida citrus fruits are recommended, the smile will continue to glow—not only as a reflection of a favorable nutritional state, \* but because of satisfaction from

the pleasing taste. At the end of a meal, citrus juice also exerts a positive detergent influence. And citrus fruits, when chewed, are mechanically and chemically cleansing.

FLORIDA CITRUS COMMISSION · LAKELAND, FLORIDA

\*Citrus fruits-among the richest known sources of vitamin Calso contain vitamins A and B, readily assimilable natural fruit sugars, and other factors, such as iron, calcium, citrates and citric acid.

FLORIDA

Oranges · Grapefruit · Tangerines

Famous Kodak
Chemical Team...

Kodak Concentrated

Dental X-ray Developer
and

Kodak Concentrated

Dental X-ray Fixer



### **Now PACKED AS A PAIR**

### in a new easy-open container

Here is true all-around service. Your order is easier to deliver . . . the chemicals you receive are handier to use.

You have only one package to open. The liquids are compounded from Kodak Tested Chemicals. The sterile glass bottles assure freedom from contamination. The bottles are handy—each contains concentrated liquid for one gallon of ready-to-use solution... all of the concentrate may be used at once, or part mixed and the rest left in the bottle. Graduate marks on the label indicate the unused portion.

Place a standing order—with your dental dealer, now—for this economical Kodak Chemical pair.

Eastman Kodak Company X-ray Division, Rochester 4, N. Y.



### KODAK X-RAY PRODUCTS FOR DENTISTS

Films . . . Film Chest, Dispenser, Receptacle . . . Exposure Holders . . Intensifying Screens . . . Safelight Lamps and Filters . . . Processing Hangers . . . Processing Tanks . . . Thermometer . . . Mounts . . . Film Corner Cutter.

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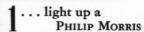
acid.

# SIMPLE TEST PROVES <u>INSTANTLY</u> PHILIP MORRIS ARE LESS IRRITATING

Now you can confirm for yourself,

Doctor, the results of the

published studies\* HERE IS ALL YOU DO:



Take a puff – DON'T INHALE. Just s-l-o-w-l-y let the smoke come through your nose. Easy, isn't it? AND NOW...

# 2 ··· light up your present brand

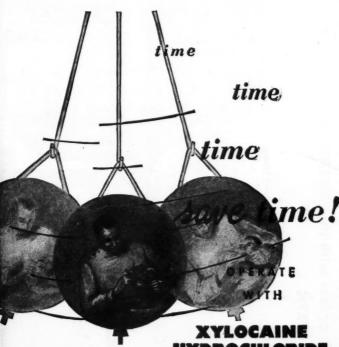
DON'T INHALE. Just take a puff and s-1-o-w-1-y let the smoke come through your nose. Notice that bite, that sting? Quite a difference from PHILIP MORRIS!

With proof so conclusive . . .
with your own personal experience added
to the published studies\* . . . would it not be
good practice to suggest PHILIP MORRIS
to your patients who smoke?

### PHILIP MORRIS

Philip Morris & Co., Ltd., Inc., 100 Park Avenue, New York 17, N.Y.

\*Proc. Soc. Exp. Biol. and Med., 1934, 32, 241-245; N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592; Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60





ASTRA (Brand of Lidocaine Hydrochloride)

the new, quick-acting local anesthetic that cuts minutes from the time lag between injection and onset of anesthesia. Anesthetic effect is profound, widely diffused, and well within clinical ranges of tolerance.

Bibliography sent upon request.



ASTRA

PHARMACEUTICAL PRODUCTS, INC. WORCESTER, MASS. U.S.A.

SOLD THROUGH LEADING DENTAL SUPPLY HOUSES



1.8 cc cartridges. 2% solu-tion available without epinephrine; and with epinephrine 1:100,000 or 1:50.000.





Mour

you can select the proper tooth molds for a patient in your office in 3 minutes or less with the INSTANT MOLD SELECTOR for MICROMOLD® TEETH

• REVOLUTIONARY HIT AND MISS . TIME SAVING • ELIMINATES METHODS . IT'S NEW (B) By Austenal Laboratories, Inc. INSTANT MOLD SELECTOR PICTORIAL

a copy of the INSTANT MOLD SELECTOR is waiting for you.

# a copy of the INSTANT MOLD SELECTOR is waiting for you.

HERE IS ALL YOU DO TO SELECT MOLDS AND SIZES:

TAKE TWO DIMENSIONS OF THE CAST - OR THE MOUTH

SPIN THE DIAL TO FIND THE MOLDS
THAT ARE DIMENSIONALLY
CORRECT FOR THAT MOUTH

MAKE YOUR SELECTION FROM

MAIL THIS COUPON for your copy. Without cost or obligation, the Instant Mold Selector will be mailed to you through the courtesy of your Vitallium Laboratory. Moil to Austenal Laboratories, Inc., 5032 Wennworth Are., Chicago 21, Illinois.

When you select Micromold Teeth, whether porcelain or plastic, you can specify them through your Vitallium Laboratory in your city or area.

AUSTENAL LABORATORIES, Inc.

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Mail this coupon today

Without cost or obligation, the Instant Mold Selector will be mailed to you through the courtesy of your Vitallium Laboratory Mail to Austenal Laboratories, Inc., 5932 Wentworth Ave., Chicago 21, Illinois.

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YOUR LABORATORY

TORIT

Model Trimmer With water-sprayed grinding wheel for trimming models quickly and neatly.



The TORIT Model Trimmer was the first practical instrument of this type to be offered to the dental profession. Its cleanliness and speed of operation made it an immediate success.

Today the TORIT Model Trimmer, embodying improvements developed through its years of service, is still the favorite in thousands of dental laboratories for it saves time and trims models better than is possible by any other method.

The TORIT Model Trimmer has a large grinding surface, efficient water spray and a spacious reservoir. Grindings and waste water escape quickly and working edges are kept clean. Extra work rests are supplied for grinding overcuts and undercuts.

The TORIT Model Trimmer is still available for prompt delivery. For details and the latest TORIT Dental Catalog write: TORIT MANUFACTURING COMPANY, 279 Walnut Street, St. Paul 2, Minnesota.

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Consider what it means to you and to your patients when the very delicate but important final adjustments can be made at the chair.

That is one of the many advantages of a partial denture cast of gold and the reason we find more dentists specifying gold, yes DEE GOLD, to their dealer and laboratory.

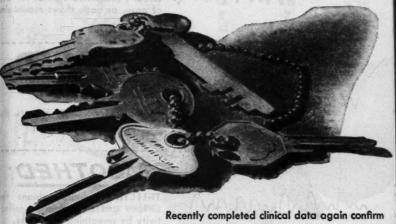
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<sup>\*</sup> Fosdick, L. S., The Reduction of the Incidence of Dental Carles. 1. Immediate Tooth Brushing with a Neutral Dentifrice, J.A.D.A. Vol. 40, No. 2, February 1950.

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  - Eduard J. Ryan Marcella Hurley Marie Frances Meany
    B.S., D.D.S.

    B.A.

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# Picture of the Month



Doctor Richard Ingaglis (right) examines the teeth of nine-year-old Dianne Lopping, the first patient at the new Emerson R. Sausser Dental Clinic for school children at the Jefferson Medical College Hospital in Philadelphia. Watching the examination are (left to right) Doctor Sausser, after whom the clinic was named; Admiral James L. Kauffman, Jefferson president; and Rush H. Kress of the Samuel H. Kress Foundation, which donated \$150,000 to the clinic. Services of the clinic include operative dentistry, X-ray, diagnosis, treatment of oral disease, orthodontia, and appliances for correction of inoperable cleft palates.—Photograph by Philadelphia Inquirer.

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



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# When Are Fees Excessive?

#### BY WILLIAM ROY EBERLE, D.D.S.

Sooner or later every dentist is confronted with, "Doctor, don't you think your price is high? My friend goes to a dentist who charges only \$3.00 for silver fillings." Usually some parrot-like reply is offered, "I don't do competitive dentistry," or "Dentistry is an art and the price varies with the skill." But the incident stirs reflection: "How does hearsay establish a fee and decide when it is

Are your fees equitable for the actual health value of services rendered?

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excessive?" Undoubtedly, it stems from our chronic habit of itemizing oral therapeutics into so many units of cement, porcelain, or metal, with a price tag.

This commercial yoke is deeprooted. In the early 19th century, artisans with little formal education practiced mechanical dentistry for cosmetic reasons. Harris and Hayden found the medical schools padlocked against a dental department; and the first dental school was founded, unfortunately, without dentistry being considered a branch of the health professions. Grandma's "store teeth" were a social luxury; they were an article of trade which deserved the title and they were not associated with physiology.

The concept of dentistry as a health service is so comparatively recent that many practitioners continue to base equitable fees on the intrinsic value of materials. Community dentists, dominated by hearsay prices, use the tradesman's scheme of making up on prosthetics what is lost on prophylactic remedies. Some merely make a quick dollar on prosthetics and ignore the real purpose of present-day dentistry.

Those who have kept step with dentistry's progress perceive the mouth as an organ of digestion whose well-being cannot be divided into price-tagged items. They are interested in educating the public to look upon the dentist as a physician of the mouth whose purpose

is the care and preservation of the total function of that important organ, vital to good health as well as appearance. In this respect, dentistry assumes a biomechanical significance which has a priceless hygienic long-range value that cannot be counted in material units. This important service is allotted a meager fee on the hearsay price schedule, while tangible prosthetics run into high profit figures.

With this perspective we are justified in censoring that aggravating minority who advise against the care of children's teeth, neglect proper prophylactic measures, and fail to search carefully for obscure caries, because they represent trivial dentistry.

The dentist who sacrifices good teeth in order to place prosthetics of dubious and often detrimental health value, even at a low cost to the patient, but at a relatively huge profit to himself, is guilty of immorality in charging excessive fees. The practice should be labeled a racket in the accepted implication of the word.

#### Removable Bridge Profiteer

The cast removable bridge was a notable and valuable addition to our therapeutics some twenty-five years ago, but it soon became an easy panacea for all empty spaces. When gold doubled in value, chrome alloys increased the temptation for bargain prices and bigger profits. This type of restoration has become tremendously pop-

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ular while the fine art of the fixed and precision bridge is being neglected. The reason is obvious. Usually a convincing sales talk, a quick "one-shot" impression, and a wax bite represent the only effort expended. Tormenting misfits are common for too many reasons to discuss here. Health dentistry demands a constant study of occlusal forces, yet it has been observed that many of these space-filling enthusiasts do not possess as much as a straight-line articulator.

#### **Discourage Profiteering**

These comments are not meant as a condemnation of a well-conceived and occluded removable bridge where a fixed or precision appliance is impossible. I am pleading, however, for the elevation of the dignity of the profession as a health service by discouraging cheap competitive profiteering.

The English slogan "Blood and Vulcanite" has gained a serious foothold in the United States. Full dentures are accepted with a selfassumed philosophy in many offices as the ultimate in dental service and profitable expediency. The hysteria of the mistaken belief that disease may be cured by an orgy of tooth extraction has fostered this wholesale diagnosis. The overflow crowd at any clinic for full dentures is testimony of the trend. Although men well informed in this field admit that the construction of good dentures is a tedious, painstaking, and often futile enterprise, the tendency is to cut procedure into a factory production line that leaves little effort or decision to the dentist. Clinicians offer techniques that reduce chair-time to a matter of minutes, which might be commendable if the patient benefited by the saving. Instead, new lifelike plastics impress the patient as a bargain and profit is increased.

The tragic sequel of this prosthetic monomania is shown in a recent country-wide survey by the Clark Cleveland Company. It revealed that 60 per cent of all dentures were relatively unsatisfactory while 25 per cent were functional failures. A paper published in the August issue of The Journal of Dental Research submits startling evidence that dentures are only 23 per cent efficient compared to complete natural dentition and only 50 per cent as effective as mouths having but one molar in occlusion.

#### **Equitable Fees**

Instead of fixing fees haphazardly by the local hearsay market, or what we believe the patient can afford to pay, we should adjust our fees to a schedule based on the work-hour. The worthwhile things we do in preventive health dentistry consume a great deal of time with little that glitters to impress the patient. By use of the work-hour scale we may assure ourselves of a proper fee for the specific case as well as providing a sliding gauge to keep income in step with our

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#### Work-hour Rate for Yearly Net-Income of Dentists

Rate Per Work-Hour
\$ 7.50
11.00
16.00
22.50
30,00

rapidly shrinking dollar value. The dollar today will buy only one-fourth of what it did in 1913. Industrial genius in the meantime has vastly increased work-hour production so that what the average man earns in one hour now will actually buy a great deal more than it did in 1913. Dental operations have shared but little in this prolific development. Many of our most beneficial therapeutics cost more work-hours. For example, in endodontia, the present-day methods of safely saving a tooth might require many more work-hours than were considered adequate thirty-five years ago.

There are three things we may do to create equitable fees:

- 1. Establish cost accounting.
- 2. Work for improved public relations.
- 3. Use a budget payment plan. Cost Accounting: The yearly productive work-hours of a dentist average 1200 according to a consensus of dental economists. Total office expense averages 45 per cent of gross income. Thus it is easy to compute the work-hour rate for

various yearly net incomes, as shown in the accompanying illustration.

Fixing of the proposed yearly income would depend on experience, ability, personality, location, social connections, and dollar value.

By keeping a close experimental tab on the time required for all operations, a work-hour average cost may be established for each and used in fixing fees and making estimates of planned treatment. This does not mean that you work by the hour, or that there need be any such intimation to the patient, except the impression gained that operations requiring more time cost more money.

Improved Public Relations: Individually and collectively we must use greater efforts to inform the public that our guiding principle is the care and preservation of the function of the mouth as a vital organ of the body. Dental societies could judiciously invest more of their funds in advertising to the public that the first concern of dentistry is hygiene. We spend little 1951

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The individual dentist can use every subtle artifice to impress the patient with the idea of saving the total function of the mouth and express regret that "plugging a cavity" or "filling a space" can be only emergency patchwork. Vigilant home care should be taught and emphasized. Properly occluded study casts ought to be made for each case. Full mouth x-rays should be studied carefully and a differential diagnosis and established; designs prognosis drawn on a cast by a technician or a glittering array of samples are but a gaudy pretense for a true prognosis. By all of these measures you may prove to the patient that you are sincerely interested in the hygiene of his mouth.

Present, in plain language, the total picture: avoid itemization of the cost of detail so as to further implant the idea of complete mouth care for the patient. Of great importance, to prevent litigation, is the candid discussion on the total cost of the planned treatment. A solicitous interest in the patient's financial problems is an excellent way of courting and converting public opinion.

Budget Payments: Although dental treatment is not usually catastrophic, as is frequently the case in medical hospitalization, it is often a financial burden. Mouth rehabilitation with the latest precision instruments could add up to many times the expected hearsay

#### ORAL HYGIENE AWARD

This article by WILLIAM ROY EBERLE, D.D.S., has won the \$100 ORAL HYGIENE award for the best feature published this month.

cost of "store teeth," but a surprisingly large percentage of patients will prefer it if the story is properly presented. The time-payment plan, where credit is properly established, will help people to buy the best in adequate health dentistry. Our patients spend twentytwo times as much on non-essentials as they do on dentistry. It is not a question of what the public can afford, it is what they choose to afford that provides our actual competition. We can win only by making oral health as important and as easy to buy as television and

The fee question is a dominant factor in the growing menace of socialized dentistry. Discussing it has been deemed beneath the dignity of dental forums. In fact, it requires some fortitude to write frankly about it. Perhaps there is still time, however, to make some needed adjustments toward equitable fees so that preventive health dentistry will be fully as attractive as the prosthetics racket. Dentistry is not likely to assume its full position as a branch of the health profession until this is done. We may improve the confidence and good will of the public by some inward self-analysis and with courage enough in these convictions make the needed corrections.

Our vocation could hardly be classified as "entrenched greed," but certainly the overzealous lawmakers are well enough informed on dental economics to wonder, as we do, why a dentist is a \$50,000 man when he is making dentures, and a \$2,000 man when he is "filling" root canals.

1525 East 53rd Street Chicago 15, Illinois

#### THE COVER

THE COVER picture by Doctor Robert H. Nones shows the tower which houses the Liberty Bell in Independence Hall in Philadelphia. The Philadelphia County Dental Society will hold its annual meeting in that city January 30- February 1 in the Bellevue-Stratford Hotel.

#### CHICAGO DENTAL SOCIETY SUES 36 LABORATORIES

LED BY Doctor Arno L. Brett, the Chicago Dental Society has brought suit against 36 Chicago dental laboratories and the publisher of the Chicago classified telephone directory. The suit charges illegal advertising in violation of the Illinois Dental Practice Act, and is believed to be the first action of this kind taken by a dental society. The laboratories are accused of dealing directly with the public in the furnishing of dental appliances as the result of display advertisements in the directory. Moreover, they have been charged with appealing to the public through such additional means of unlawful advertising as neon signs depicting heads and mouths and the display of dental appliances in show windows. The State's dental practice act limits laboratories to dealing with licensed dentists only. Legal action was taken after two years of investigation by the Society's legislative committee, which sought both evidences of violations of the State practice act and the means of putting a halt to such violations.—Adapted from American Dental Association News Letter.

# So You Know Something About DENTISTRY!

#### QUIZ LXXVI

- Frequent exposure of silicate liquid to air will cause (a) no change in, (b) rapid, (c) slow, setting.
- True or false? Root fractures not exposed to saliva and capable of being immobilized will usually heal and function as any other teeth.
- 3. Which of the following is the least liable to caries? (a) buc-

- cal surfaces of lower molars, (b) lingual surfaces of lower incisors and cuspids, (c) lingual surfaces of upper incisors.
- 4. What is the objective in making a post dam?
- Sodium bicarbonate is useful in dentifrices because of its (a) aromatic, (b) abrasive, (c) detergent, properties.
- Which form of periodontoclasia is more frequent? (a) suppurative form, (b) nonpurulent form.
- 7. In roentgenography, what is definition?
- 8. Which of the following is out of place? (a) semilunar notch, (b) sigmoid notch, (c) mandibular notch.
- 9. Does platinum raise the melting point of a gold alloy?
- 10. What is an operculum?

FOR CORRECT ANSWERS SEE PAGE 68

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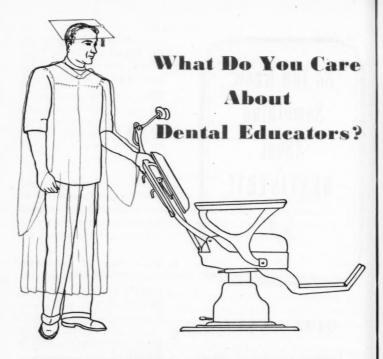
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#### BY JOHN H. MOSTELLER, D.D.S.

Our degree entitles us to be called "doctor," but the word means teacher, and unless we each contribute something to dental education, we cannot hope to justify this respected title. Not all of us are qualified for, or desirous of, a position on the faculty of a dental college, but the opportunity for participation in the overall program of dental education does not restrict itself to the classroom.

It is indeed fortunate that so many capable and conscientious members of the dental profession devote a portion or all of their time and talents to the teaching of both undergraduate and graduate dental students. Educators, in general, however, have been plagued with an inadequacy of funds to offer salaries commensurate with the ability of instructors of professional students. During the last decade it has been difficult to attract outstanding young dentists to the field of education because of the inability of most schools to offer compensation comparable to that of even the most modest private practice. This condition has existed before in some degree, but has been

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#### Expensive equipment with underpaid teachers contradicts the principles of good dental education

intensified recently because of the general inflated economy of the nation. According to economists, this inflationary trend is likely to last as long as we must carry a heavy national debt. Therefore, we can safely predict a continuously increasing cost of living for our teachers for the next ten to fifteen years, barring another global war, which appears imminent at the time of this writing. Such an eventuality could extend the period indefinitely.

Exponents of deficit spending may argue that this condition is not as bad as it seems, for the standard of living of the American people has risen also. But the condition is serious indeed to that group under discussion whose incomes have not kept in step with the soaring cost of living.

#### **School Building Increased**

There are few schools in the country that have not made improvements in their physical plants. Construction costs for new buildings and renovation of old ones have at least tripled since 1940, due largely to the elevated wage of the journeyman in proportion to the higher cost of living. Little difficulty has been encountered in obtaining funds for this construction, whether the school be state supported or privately endowed; in fact, the building of new facilities

for dental education has been prodigious in comparison to the past. And with the formation of two new dental colleges in the South alone, the projected building program for the next few years should be even greater.

It is appalling to learn that the plumbers who work on these new buildings-with no discrimination intended against this group of skilled artisans-often earn more than professors who head the various departments of the school. Last year I was invited as a guest lecturer by one of the most modern dental schools in the United States and, while I admired the new physical plant with envy, remembering the conditions under which I studied, it was disconcerting to realize that the cost of equipping one of the operatories was more than the annual salary of the dean. Would private enterprise subject a man with the responsibility of a milliondollar institution to the salary of a skilled laborer? Should the public place its future dental health in the hands of men who are so poorly remunerated for their services? Again, I repeat that it is indeed fortunate that so many capable and conscientious men devote their time to teaching, but how can we expect improved dental education without providing suitable salaries for men who make it possible? Are the teachers of den-

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tists worth so much less financially than their graduates?

In the past, full-time dental educators were a rarity because few men were willing to accept nearpoverty for their families after seven to ten years of study. Faculty positions were held by practitioners who were either so successful that they could afford to give the time to the school, or else were so unsuccessful that they needed the paltry sum paid the part-time teacher to supplement their incomes. Luckily for the student, the former were in the majority, but this did not guarantee competent instructors, by any means. After deliberate study, the Council on Dental Education of the American Dental Association realized that if dental education is to advance and achieve an appropriate status, it must be administered and supervised by full-time educators trained in the most modern educational techniques, as well as in dental sciences. This Council, therefore, strives to influence every school in the country to obtain full-time deans and department heads, at least. This introduces a new problem. The chairmen of the various departments should certainly be men of noted qualifications and experience, yet the administrator of the school is expected to procure such professors at embarrassing salaries. I realize that criticism of our dental schools often is justified; but the mystery to me is how these schools provide as good a curriculum as they do, with the little money they have to pay their personnel.

Why should successful teachers not receive an income comparable to that of successful practitioners? Being a practitioner, I am naturally quick to laud our importance. The profession exists for the public and it is the practitioner who serves that public; but the quality of this service depends on dental educators. Is their position, therefore, not as important to the public as ours? Is it not a reflection upon our own qualifications to belittle the men who trained us? Is it not an indictment against our universities, of which all accredited dental schools are a part today, that the majority of the dental profession considers the plight of a teacher to be a sorry one? Is it not ridiculous for any dentist to exhibit indifference toward the economic status of dental educators and yet announce that his greatest ambition is for his son to study dentistry?

#### Affects Entire Profession

Organized dentistry can pride itself on its many achievements which have helped to elevate both the social prestige and economic level of the profession in the last quarter-of-a-century. While the men who have been instrumental in this progress certainly deserve the gratitude of every dentist, none of these advancements would have been possible without the increased

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educational standards set for the profession. Today, the esteem of the dental practitioner in his community as well as his earning power are predicated by the respect his dental degree commands.

Therefore, is not the economic status of our dental educators worthy of the attention of the American Dental Association? Is not the continued improvement in the caliber of men attracted to a career of education as important as any other work now carried on by that Association? Should not the efforts of the Council on Dental Education be directed toward interest in the quality of full-time educators as well as the quantity? We champion equitable pay for all dentists in the armed services and

public health work; yet we ignore perhaps the most important group of all. I am afraid that most of us must admit that we terminated our interest in dental education the day we received our degree.

Our profession has long been powerful enough to exert an influence that would assure enhanced incomes for dental teachers if that influence were only directed at the regents of our universities. In my opinion, neglect of this has been one of the most serious blunders of organized dentistry. What is your opinion? Do you care about dental educators?

307-308 Graystone Building Mobile, Alabama

#### WHERE COMMUNISM IS STRONGEST IN U. S.

Most of the members of the Communist Party in the United States are in the concentrated sections of population of the country. For example, New York State has 25,000 members; California, 6,977; Illinois, 3,361; Pennsylvania, 2,876; Ohio, 2,834; Michigan, 1,250; Massachusetts, 1,022; Nevada, 23; Wyoming, 10; Tennessee, 27; Alabama, 141; New Hampshire, 43; and so on. Even though there are only 54,174 members of the party, the fact remains that the party leaders themselves boast that for every party member there are 10 others who follow the party line and who are ready, willing, and able to do the party's work. In other words, there is a potential fifth column of 540,000 people dedicated to this philosophy.—J. Edgar Hoover, Director, Federal Bureau of Investigation.

#### "Death Takes a Holliday"



A strange tale of a dentist-outlaw in the pioneer days of the West.

#### BY DAVID DEUTSCH

A single shot rang out in a saloon in South Dakota's Deadwood. A gun fell from a bullet-pierced hand as a strange figure ambled on toward the wounded man. With a smoking shooting iron in his hand the stranger said in a cool, well-calculated voice: "I'm 'Doc' Holliday, gentlemen, and I hail from Tombstone." This was the town's introduction to a cold-blooded killer—a killer feared by bad men and honest men alike.

"Doc" Holliday was a dentist by profession, a man who had graduated from a recognized dental college and who had been practicing dentistry. Afraid of nothing, the deadliest hombre with a six-gun that marshal or bad man had ever seen. Eyes piercing, six feet tall, but emaciated, ash blonde hair, immaculate in attire—a nutshell description of the man they called "Doc." He was doubly dangerous in that he was dying of tuberculosis, and life meant nothing to him.

Doctor Holliday's strange career started at Voldosta, Georgia, where he was born in 1850. He chose to

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study dentistry, attended a college of dentistry in Baltimore, and upon his graduation discovered he was suffering from tuberculosis. Given only a few years to live, he went to Texas to practice dentistry. Business was bad because his incessant cough turned patients away. As his dental practice dwindled, he began to look for a new source of income. Finally he took up gambling as a career, studying card playing from every angle. He practiced drawing his gun until he was the fastest draw in the Old West.

#### **Death Over Cards**

The first encounter of "Doc" Holliday's stormy career happened at a card table with an ace gunman in Dallas. In a quarrel over cards, both men reached for their guns at the same time, but "Doc" shot the other fellow dead before the man's gun was out of the holster. He fled to Jacksborough where he killed five men in quick succession; before the end of his career twenty-three killings were charged against Holliday.

Besides carrying a gun, "Doc" also carried a knife slung on a cord around his neck. In an encounter with famous outlaw, Ed Bailey, "Doc" knifed Ed to death before anyone realized it. Friends of Ed Bailey forced the town marshal to arrest "Doc" and he was lodged in a temporary jail in front of a hotel. But help came to Holliday in the person of his friend, "Big Nose

Kate," whose real name was Katherine Fisher. Kate set fire to the back of the hotel and, with two shooting irons, entered the hotel, held up the marshal and his two assistants. "Big Nose Kate" and "Doc" got away on two horses standing in front of the hotel, and after this escape "Doc" went to Tombstone.

At that time Tombstone was a rootin', shootin' Western town, protected by the Earp brothers who were the best-known marshals in American history. A strange friendship developed between Wyatt Earp who upheld the law and "Doc" Holliday who broke it.

"Doc" saved Wyatt's life time and time again. Old-timers tell of the time in Dodge City when Earp had arrested a dangerous outlaw. When Marshal Earp made an appearance, friends of the criminal surrounded him. Just as one of the men drew a gun to shoot Earp in the back, a shot rang out. "Doc" put a bullet right through his heart and saved the life of the marshal.

"Doc" was a wit as well as a killer. His acid humor would bring chuckles to the tough and hardened men with whom he associated. "Doc's" greatest pleasure was when he showed members of the gang an old tin sign that read: "Dr. J. D. Holliday, Dentist." He would then put it back among his belongings and crack a joke to hide the lump in his throat!

Often "Doc" was deputized by Marshal Earp to round up danger-

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ous characters. There was the time when Ike Clanton, toting a Winchester and a six-shooter, was gunning for Wyatt Earp and "Doc" Holliday. When Earp heard this he deputized "Doc" to arrest Clanton. The shooting started when Earp and "Doc" met Clanton and other outlaws in his company. "Doc" threw open his overcoat, took the sawed-off rifle that was hanging on his shoulder, and shot it out with outlaw Tom McLowey. Receiving both barrels, Tom fell to the ground lifeless. Then "Doc" transferred to his six-shooter and continued shooting until the whole outlaw bunch surrendered. Later the Sheriff arrested both Earp and "Doc" Holliday, but they were cleared "in performance of the official duty by officers of the law." At this point "Doc's" number seemed to be up. He started drinking whiskey, sometimes as much as three quarts a day. Holliday died in a sanitarium in Glenwood Springs, Colorado, in 1886, at the age of 36.

With "Doc" Holliday's passing there disappeared one of the most colorful and courageous figures in American history. Stories and traditions have only recorded a small bit in the life of a dentist who was both a killer and a deputy marshal. We will never know "Doc's" real place in history for he was a mixture of bad and good.

In this case, death took a Holli-day.

129 South Second Street Brooklyn 11, New York

#### BUREAUCRACY BUNGLES THE DENTURES

A STENOGRAPHER complained to the Croydon, England, national health council that a set of teeth made for her under the health service left her face with a "sunken-in" appearance, although the teeth fit well and were perfectly even. The girl said her own teeth were big and uneven, but suited her appearance. "The new teeth may affect my business prospects," she told the council. She asked it to supply her with new dentures. The council refused, saying, "False teeth are not supplied to improve personal appearance."—Chicago Tribune Press Service.

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# TECHNIQUE of the Month

Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

#### Restoring Missing Tooth With Short Teeth As Abutments

By BENJAMIN PERLOW, D.D.S.



The case: Upper right bicuspid missing. Cuspid and second bicuspid (both very short) to be used as abutments.



Prepare cuspid as for three-quarter crown, but do not destroy contact on mesial. Using No. 1 round bur, make three pin holes as shown.



Prepare bicuspid as for three-quarter crown, and make one pin hole on lingual.

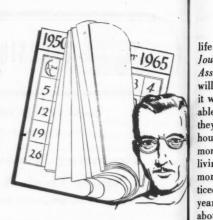


Cast inlays. Set them on teeth. Proceed with bridge in the usual manner.

If you are interested in a particular technique and would like to have it included in this series, please write to:

Dr. W. Earle Craig, c/o Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pa.

# I'd Like Some Social Security



#### BY SHERMAN HOLLING, D.D.S.

When I read the article Do DENTISTS WANT SOCIAL SECURITY? I I thought of two dentists of my acquaintance who died destitute and were buried from dental society funds. These men were good dentists. They had their share of patients and lived for a few years on the fat of the land. They bought expensive homes and rolled over the streets in fancy cars. They were among the first to catch the check at the exclusive clubs to which they belonged. They lived well but made no plans for their old age.

Yes, I know businessmen often go through the same kind of improvident cycle. In fact, I know widows of two businessmen who were left as destitute as the dentists' widows. But with these differences: the businessmen's widows have a small regular survivor's income from Social Security and a little extra for their minor children. The dentists' widows have nothing except the memories of the lush days when "doctor was doing so well."

When a dentist reaches age 65 he is done for as a producer. Now and then we read of a dentist still going strong in practice at 80 or 85, but God knows he is the exception. If the dentist has not accumulated an estate by the time he is 65, he never will. How does he go about building an estate? If he was smart in his youth he bought an annuity, some income-producing property, high-grade common stocks, or government bonds; that is, if he had anything left after living high, as so many dentists do, and paying out sizeable money for income tax.

The dentist who retires at 65 has about 12.1 years or 145 months of

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<sup>&</sup>lt;sup>1</sup>Moore, R. B.: Do Dentists Want Social Security? ORAL HYGIENE **40**:1281 (September) 1950.

#### Dentists need protection afforded by regular savings.

life expectancy, according to the Journal of the American Dental Association. If he has a wife who will probably live longer than he, it will be necessary to have a sizeable estate of at least \$50,000, if they are to keep out of the poorhouse. Sure, \$50,000 is a lot of money, but so are the expenses of living over a period of twelve or more years. If this dentist practiced from age 25 until 65, forty years, he was required to save about \$100 a month, year in and year out, over that period. If he were a man of strong will and good fortune, he was able to do that. Most of us are not that good!

On January 1, 1951 the changes in the Social Security law go into effect. Although millions of selfemployed persons will be included. dentists are not among them. Why? I don't know, but probably because dentists, lawyers, physicians, architects, accountants, and other professional people, are too proud or maybe too dumb to ask for coverage. But all of these get old, too, and need retirement incomes. They have no pension unless they bought it themselves out of earnings. The union worker retires at 65 under a pension from business earnings. The dentist, if he has one, pays his own.

To receive the minimum pension of \$80 a month at 65, or \$120 for a couple both past 65, how much does a self-employed person have

to contribute? Here are a few simple rules:

1. He pays a tax on the first \$3600 of his earnings from self-employment. In the case of a dentist that would mean he would pay on the first \$3600 of gross earnings from his practice.

2. The rate of payment varies: 2-½ per cent of \$3600—1951-1953 3 " " " —1954-1959 3-¾ " " —1960-1964 4-½ " " " —1965-1969 4-7% " " —1969 and thereafter.

The least he would pay would be \$81 a year, the most \$175.50 a year.

If dentists were to become eligible for Social Security benefits as self-employed persons, they would pay from the day that they entered practice to age 65 or from any time before they reached the age of 62. In other words, they could pay for three years or longer to become eligible for full benefits. It is easy enough to understand why the older dentists would be interested. They would pay less and for fewer years.

Although the American Dental Association has made no particular effort to have the Social Security law expanded to include benefits for dentists as self-employed persons, the Journal of the American Dental Association has some significant figures on the subject:

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nomic Research and Statistics of the Association estimates that 'on the average, dentists live approximately as long as the most comparable group, the white male population over 24 years of age.' According to this estimate, 55.7 per cent of all dentists would reach the retirement age of 65. Fifteen and eight-tenths per cent of all dentists would receive benefits for from one to five years; 17 per cent would have a chance to receive benefits for periods from 16 to 30 years.

"Assuming a full working life of 40 years with retirement at the age of 65, all dentists who live beyond their 71st birthday would regain their capital investment if single at retirement. If a dentist and his wife are both 65 years of age at the time of retirement and continue to live, he would recoup his capital investment some time before his seventieth year. Statistically, somewhat less than 40 per cent of all dentists can accomplish this objective if they are in the first category and somewhat more than 40 per cent if they are in the second. This calculation does not take into account benefits of from \$120 to \$150 per month which accrue to a surviving widow with children, nor the \$60 pension provided for widows of insured individuals when such widows become 65."2

Is Social Security sound for the

economy of the Nation? No one can answer that. It may break the country in time, or the money continually spent and not privately hoarded may act as a constant shot in the arm to business and keep the economic life stimulated. Time will give the answer. This we can say, however, any politician who has suggested curtailment of Social Security benefits and narrowing of the system has been thrown out by the voters. People like the painless and inexpensive way of paying for their future security.

The American Dental Association Relief Fund has been pointed out as a notably well-regulated and managed activity. It is. In 1949, 83 per cent of the \$100,000 quota was reached. That is good for such a voluntary effort where no highpowered campaign methods were used. But the relief fund is charity. It is not a pension earned or a benefit secured by contribution. It is strictly for relief of the needy. Being on "relief" is the same whether the funds come from a government treasury or from a professional organization. Every dentist should be proud to support the Relief Fund and pray that he will never need its help. It is good to know it is there for the intended purpose.

If the American Dental Association says 55.7 per cent of dentists will reach the retirement age of 65, there should be thought given to exactly how these people will finance their retirement. Naturally,

<sup>&</sup>lt;sup>2</sup>Garvey, F. J.: The New Social Security Act, JADA 41:469 (October) 1950.

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it is not the duty of the Association to assure an independent old age for its members. Individual initiative should continue to operate and the fierce spirit of independence should not be destroyed. The fact is that dentists are helping to pay for the retirement needs of all industrial workers but have established no Social Security for themselves.3 Every time a dentist buys something in the market, part of the purchase price goes to an industrial pension fund. Remember John L. Lewis, Walter Reuther, Philip Murray, and William T. Green. The millions of workers that these men represent will receive Social Security benefits plus

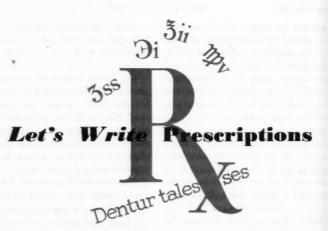
company pensions. Dentists will help pay for both out of general tax funds and out of increased prices.

The whole matter of retirement plans for dentists should be opened for discussion within the profession. Maybe there are good reasons why dentists as essential producers and taxpayers should not be eligible to enroll as self-employed persons under Social Security, but if there are such arguments I have never heard them. A lot of sentiment has been expressed and there has been a lot of palaver about the independence and rugged individualism of the professional man. At times these sentiments have not squared with the facts of poverty observable in the lives of some professional men when they reach old age.

At its meeting in Atlantic City, the House of Delegates of the American Dental Association directed the Council on Insurance to "make a study of various forms of insurance, including social security, which might be available to members of the dental profession."

#### WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.



These simple instructions will aid you in preparing prescriptions that your patients need and want.

BY PAUL B. BASS, PH. G., D.D.S.

A number of dentists have complained recently that they sometimes wish to write an occasional prescription but do not know how. I do not believe writing prescriptions should be difficult, particularly for one who has had the extensive training of present-day dentists. We have so filled our time and our minds with technical procedures that we seem to have forgotten the elementary knowledge required to order medicines for our patients. We know what we wish to prescribe, but are somewhat timid about putting it in the form of an order for a pharmacist to compound or dispense. We are

tempted to hand the patient an envelope containing a couple of tablets and printed directions and advertising on the outside. Each time we do this we are endorsing that medicine and are acting as salesmen for the pharmaceutical house which makes it. I do not believe endorsement of a highly trained and scientific person should be given so lightly. This is one of the main reasons why we should write prescriptions.

Let us examine the mechanics of writing a prescription and try to make it appear as simple as it actually is. Most prescriptions are written in Latin because as, a universal language, it is likely to be understood in all countries. This should be no problem, as we can refer to a drug manual to find any Latin name we do not already know. For instance, in prescribing aspirin, reference to our textbook

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reveals the official name, acetylsalicylic acid. We all know that it is sometimes better for the patient to be unaware of what medicine he is receiving, so writing the prescription in Latin has that additional advantage.

In using abbreviations, be sure they are the official ones given in the United States Pharmacopoeia or National Formulary. These two books are authoritative.

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Each prescription should contain seven parts: (1) date, (2) name of patient, (3) superscription, (4) inscription, (5) subscription, (6) signa, (7) name of dentist and his registry number.

The date will help to identify the prescription and also comply with the federal narcotic laws. The name of the patient is important because it further identifies the prescription and usually it indicates whether the patient is an adult or a child. This helps the pharmacists detect any mistake in dosage. The pharmacist is responsible equally with the practitioner in seeing that an overdose is not administered. The third part, or superscription, consists only of the symbol "Rx" which means "take thou of."

Next is the inscription which gives the medicinal substances and the quantities of each. The quantities are written in either the metric or apothecaries' system of weights and measures. The pharm-

acist is well trained in all systems and can translate them correctly. However, the same system should be used throughout the prescription, not one quantity in the metric system and the other in the apothecaries'. If one quantity is in grains, the next one should not be given in grams. It requires little time to learn both systems and knowledge of one is essential to prescription writing.

The fifth part, or subscription, is where many mistakes are made. If we write "Acetylsalicylic Acid, gr. V," in the inscription and then say "Fiat (make) Tablets No. XII," it means that the five grains should be divided into twelve doses. We should write "Fiat dentur tales doses No. XII" or "make of such doses No. 12." "Dentur tales doses" means "let there be given of such doses." If you do not know the Latin terms for the directions to the pharmacist, then use English. If you wish to use Latin, it will not require much time to learn the necessary words and phrases for adequate prescription writing. It is considered perfectly proper and in good taste, today, to write prescriptions in English.

The last part of the prescription is the name and registry number of the dentist. All orders for narcotics require that the registry number of your federal narcotic license be given. If you do not have a narcotic license, by all means get one at once. To do this, simply request forms from the Col-

lector of Internal Revenue in your district, fill them in, and return them with the dollar fee. The yearly renewal fee is also a dollar and if it is mailed on or before the first of July you will receive the same number each year.

#### Prescribe for Pain

A physician friend of mine has criticized dentists frequently for performing services which are certain to result in postoperative pain and then dismissing the patient without sufficient preparation. Since the physician is easier to locate after hours than the dentist, patients often call him. Sometimes a dentist, because he has no narcotic license, will call a physician asking that he write a prescription for him.

Every dentist should have his own prescription blanks printed, showing his address and telephone number. This will make it easy for the pharmacist to reach him, if necessary. These blanks are remarkably inexpensive and your stationer will show you several forms from which you may choose.

Now let us write a prescription using the seven components:

Date January 15, 1951
 Name and address of the patient

For Mr. John Doe

814 Clyde Avenue Middleton

- 3. Superscription Rx
  (This will be printed on your blank)
- 4. Inscription

Codeine Sulphate gr. ss Acid Acetylsalicylic gr. V (The codeine quantity also could be written properly ½)

5. Subscription

Make of such tablets No. XII In Latin:

Ft. D.T.D. Tabts. No. XII
If capsules are desired, write:
Make of such capsules No. XII

6. Signa

One every four hours, if necessary.

7. Dentist's name and registry number

John Adams, D.D.S. Reg. No. 16786

The prescription should look like this:

January 15, 1951

For Mr. John Doe 814 Clyde Avenue, Middleton

Rx Codeine Sulphate gr. s Acid Acetylsalicylic gr. V Make of such tablets No. XII

Sig. One every four hours if necessary.

John Adams, D.D.S. Reg. No. 16786

The inscription and subscription could be written in this fashion also:

Codeine Sulphate Gr. VI Acid Acetylsalicylic dram I Make twelve tablets.

The pharmacist would then understand that the amounts are to be divided into twelve equal doses and made into tablets.

It is not the purpose of this paper to give all of materia medica.

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Rather it is to present prescription writing in a simple and understandable form. We all have text books which give dosages and other information about drugs and we can refer to them readily. Do not hesitate to consult your pharmacist, particularly about the newer

drugs and preparations. He is well trained and will have a complete file on anything you wish to prescribe. He will be helpful and cooperative and will appreciate your call.

1159 Wilmette Avenue Wilmette, Illinois

#### **ELEVENTH INTERNATIONAL DENTAL CONGRESS**

THE ELEVENTH International Dental Congress of the Federation Dentaire Internationale will take place in London from July 19 to 26, 1952, under the presidency of Doctor E. Wilfred Fish. Scientific papers to be presented at the Congress will appear in *The International Dental Journal*, a new publication, edited by Doctor H. H. Stones, Professor of Dental Surgery at the University of Liverpool. The papers will be printed in English in four issues preceding the Congress; but a list of contents, headings, legends to illustrations, and summaries will appear also in French, German, Spanish, and Italian. *The Journal* will be available through the publishers, Messrs. Cassell & Company, Ltd., 37-38, St. Andrew's Hill, London, E.C. 4.

Any dentist qualified to practice dentistry may become eligible to attend the Congress by paying the registration fee. Members of the Federation Dentaire Internationale may become members of the Congress and receive the Journal at a reduced rate.

Hotel accommodations as well as information on currency exchange and shipping can be obtained through the American Express Company.

#### IF YOU ENTER MILITARY SERVICE

IF YOU ARE CALLED to military service, please be sure to send us your new address, and address changes as they occur, so that we may continue to send you Oral Hygiene. Please address Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.





to the large sentation of a testimonial ring laque to William L. Wylie, Dean of the School of Dentistry, by the lass of 1925: Left to right: Albium to Sadd, Cleveland, President of the setern Reserve University Alumni the laciation; William L. Wylie, Leveland; Peter J. Warren, Lakened, Representative of the Class of 1925; and Charles Angelotta, Clevend, representing the Class of 1915.

then below: Gathered at the meeting of the New York State Dental Society is of a New York City are Louis J. stry, Lodico, Elmira; Willard S. Bell of Louis Park; Bernard Clug of New the lork City; and Charles A. Wilkie of Brooklyn, Secretary of the Society.



At the 1950 Alumni Day of the Western Reserve University School of Dentistry are T. R. Liberatore, President-Elect; and Harvey C. Janke, General Chairman; both of Cleveland,



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### EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

#### THE PEOPLE SAVE THEMSELVES

For most of the dentists in the country the results of the November elections are highly gratifying. The defeat of some of the most outspoken advocates and the success of some of the strong opponents of compulsory health insurance are subjects of elation among dentists. It would be abourd to suggest that the results of the November elections were more than mildly influenced by the direct political activities of the dentists and physicians of the country. Although the subject of compulsory health insurance was given more prominence during the 1950 elections than at any time in the past, there were other and more deepseated causes for the outcome. The war in Asia and its awful portents and the power-crazed union leaders were the chief reasons for Republican victory.

The 1950 elections are significant in the socio-economic history of the dental profession because this is the first time that dentists, physicians, nurses, and pharmacists actually organized and worked to support candidates for public office. The tactics were at the precinct level and the grass-roots kind: good practical politics. Heretofore, the professions took an aloof attitude and talked in high-order abstractions of the danger inherent in a compulsory health insurance system. No direct contact was established with the voter and seldom with the candidate. In 1950, the professions in many places interviewed candidates, insisting that they state their position on health legislation, and made outright endorsement of acceptable candidates and spoke in opposition to unfriendly candidates. The actions taken by these effective interprofessional committees were made known to the members of the professional societies and to the public.

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It is apparent from the election outcome that the public listened with confidence and respect to the opinions expressed by the interprofessional committees. It appears that the public accepted the opinions on health subjects as being honestly conceived and for the best interests of the Nation. It is fundamentally important that we maintain this public faith and trust.

We should be foresighted enough to take a page from the history of the political activities of the labor unions and avoid some of the same mistakes. The unions became too big for their breeches. They were not satisfied to restrict themselves to activities for the welfare of their members. They arrogated to themselves the role of speaking as if the only economic group was the one whose members held union cards. The farmers, the self-employed, the managerial and professional workers, people in retirement, resisted this arrogance and showed their resentment in the most effective manner—at the polls. The violence of the assault against Mr. Taft convinced many people that the labor leaders were out to inflict their power upon the entire country. The unnecessary work stoppages, the unreasonable demands for more and more benefits, the general insolence of the union leaders, are among the reasons why they lost the elections. And with the repudiation at the polls, the unions may expect to see stiffer regulations by the Congress.

In their first venture into the world of practical politics, the dentists and physicians of the country have been on the winning side. But the people saved themselves from compulsory health insurance. Let's not forget this! We gave direction to the battle and did a little of the fighting, but the job of turning back the proponents of a compulsory federal health system was done by the public. Our future role should be one of honest analysis and direct statement of what is best for the public health. Our self-interest should come second. If we put self-interest first, we may expect that through the good sense of the people we will be repudiated as decisively as were the union leaders. The day of "the public be damned" was short for the capitalist and the labor leader. It could be just as short for the professions.

Educard J. Ryan



#### **Social Security for Dentists?**

Within two weeks after my article Do DENTISTS WANT SOCIAL SECURITY? appeared in ORAL HYGIENE, I received letters or postal cards commenting on it from all but six of the forty-eight states—180 in all. I was surprised at the friendly attitude, as only two of my correspondents were critical.

A Pennsylvania dentist told me that he read my article on arriving at his office and sat down immediately and wrote to his congressman about Social Security, even before he began his day's work. Twenty-five others said they had written to their congressmen and sent them copies of Oral Hygiene with my article marked.

No age limits were represented in my correspondence. A New Jersey dentist of 32 expressed eagerness for protection, while an 84-year-old Kansas dentist who said Social Security could no longer do him much good, wanted to see younger men given a chance to protect their future at a low cost. Three North Dakota dentists signed a letter saying they were with me all the way. A North Carolina dentist reported the sad case of a dentist who had gone blind from overwork and was now dependent on relatives. A

Kentucky colleague cited a similar case. From the Bronx, a New York dentist wrote, "Keep it up. Back here we are with you 100 per cent." A Pendleton, Oregon fan said, "It is my opinion that the Delegates and others who shout loudest against Social Security would be the first to apply should we become eligible."

Such letters of encouragement convince me that Congress will give ear if enough of us bombard the members. If you still want to be included in the Social Security extension program, write to your congressman. It is the only way he can find out what you personally want.—ROLLAND B. MOORE, D.D.S., Box 237, Allerton, Iowa.

#### When We Retire

Your editorial, "No Pensions for Dentists," in the October, 1950 issue of ORAL HYGIENE hits the nail on the head! Your facts and figures speak incontrovertibly for themselves. It is obvious to all who have followed their actions why the decision of the House of Delegates of the ADA not to favor Social Security for dentists is official.1 At least, they could have given a better reason than the fact that dentists can be relied upon fully to care for themselves. This strikes me as being at variance with the facts at hand. How many dentists are fortunate enough to reach the age of 65 after approximately 35 years of practice? That, in itself, is an accomplishment. But, at 65, just how many can continue living independently even on the most conservative level?

What is this myth of professional shyness and defeatism of dentists that they consider it virtually taboo to expose the comparatively meager economic competen age? The

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The House of Delegates of the American Dental Association, while in session at Atlantic City, directed the Council on Insurance "to make a study of various forms of insurance, including Social Security, which might be available to members of the dental profession."

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petence that is their lot at 65 years of age?

The hue and cry is made now, because no adequate retirement program established 5 or 10 years ago is any longer able to keep economic pace with the progressively inflating spiral.

You can have insurance, bonds, and savings, yet still feel insecure; unless you are prepared to divert some of these funds or equities into speculative common stocks which can keep you in fair equilibrium, economically in step with the times. Dentists' earnings, to my

mind, are not large enough to warrant any such hedge, as urgent as it may seem.

Is it to remain the same old status quo—each for himself and the devil take the hindmost—or are we ready to build up a solid, unrelenting, body of opinion that can be translated into votes to show that we, also, as citizens doing useful work, are entitled to at least the same benefits enjoyed by millions of people in the U.S. now?—EDWARD E. LEBWITH, D.D.S., 140 Van Cortlandt Avenue, West, Riverdale 63, New York.

#### "IT IS UNETHICAL IF YOU-"

- 1. Affiliate yourself in any way with the offices of advertising dentists.
- 2. Send announcements to the general public of change of address or a new office; or announce the assumption of another dentist's practice in a newspaper as a printed notice. A simple news item is permissible; but mailing must be restricted to one's patients.
- 3. Mail cards or letters to the parents of school children you have examined, as a member of the Committee on Dental Health Education, suggesting that they come to your office for treatment.
- 4. Announce on your window or door that you have X-ray equipment; make any reference to the administration of gas.
- 5. Buy the practice of another dentist and continue to use his name on the office doors or windows.
- 6. Enter any activity relative to the school system or with school children in a dental capacity other than through the Committee on Dental Health Education.
- 7. Allow "news" photographs or "human interest" pictures of your-self to appear in print unless in connection with an actual news story.
- 8. Use illuminated signs or display your name on an awning over the window of your office.
- 9. State that your practice is limited without a specific license to practice in that specialty.
- 10. Erect a sign on the lawn in front of your office showing your name and designation. Such signs should be attached to and be parallel and flush with the front of the building. It is unethical to have an electric clock in your office window.
- 11. Appear in a radio or TV show as a dentist without obtaining the sanction of your local dental society.

(Continued on page 74)



New York (New York) Times: Doctor Arthur H. Merritt, former president of the First District Dental Society of New York and of the American Dental Association, recently became the first recipient of the Henry Spenadel Award for significant service to dentistry. The award, sponsored by the Society, was presented to Doctor Merritt by Doctor Isidore Teich, past president of the Society.

Wisconsin State Journal: At the beginning of every school year, the City Health Department of Madison, Wisconsin, conducts a thorough dental checkup at the 26 Madison schools. About five thousand children will have been examined by Doctors Stuart Kelly, Joseph Coyne, and Ralph Hilgert, staff dentists, when the surveys have been completed. Parents are notified immediately on the condition of their youngsters' teeth. Defective teeth records are turned over to the school nurse and, if necessary, home calls are made to encourage professional attention.

By checking all first, third, sixth, and ninth grade pupils each year, every child is examined once every two years all through his first nine grades. Finally, there is a follow-up program to educate the children on the necessity of caring for their teeth.

Detroit (Michigan) News: To supplement the City of Detroit's unfilled daily quota of blood for the wounded in Korea, the American Red Cross dispatched its mobile unit for a mass collection of "Type O" blood, the universal type used in emergency cases, and the only kind flown abroad to the fighting men. The first stop of the mobile unit was the University of Detroit's School of Dentistry where 18 volunteer workers set up its equipment in the school auditorium. Sixty-five per cent of the school's enrollment responded to the plea and the Blood for Korea Bank was increased by 177 pints after the student's donation, according to Doctor Rene Rochon, dean of the School of Dentistry.

New York (New York) Times: A quietly effective defense activity, the work of a group of small businessmen in New York, has returned to a wartime schedule. The ArmNavAir Habilitation Foundation, in its 10 years, has repaired the minor physical, dental, and psychologic defects of 10,000 youths and girls rejected for military service. More than 60 per cent of them were made fit to serve.

When a boy is distressed at being turned down because of defective teeth, for example, they find someone to sponsor the boy and then seek a dentist who will treat him either free or at a minimum fee. The Foundation is in no sense an organized charity, according to one of its members, John P. Miert, and it solicits no funds. A case record of each youngster is kept while he is receiving help. But when he is through, the record is destroyed. Thus, there are no statistics.

Dallas (Texas) Daily Times Herald: One of Doctor Earle Williams' first civic

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projects when he chose Dallas as his home after his release from the service in 1946 was to volunteer as a worker in the Community Chest campaign. He has worked at it ever since and, in the recent drive, he aided in the special gifts division, calling on other dentists for contributions. Doctor Williams has developed a unique formula for soliciting funds. He sets a goal of \$100 for each morning before allowing himself time off for lunch. To help him do a quicker job, he says, "I just keep working till I get that \$100 in gifts-and the first thing I know, I've got it and can go to lunch."

Waterloo (Iowa) Daily Courier: Over 150 friends and neighbors gathered in Shell Rock, Iowa, recently to honor Doctor Miles B. Chesebro who was marking his fiftieth anniversary as a dentist. Born in 1879, the popular dentist has lived all his life in Shell Rock, with the exception of two years at Iowa University and three years in dental school at Northwestern University. Since he opened his dental office in 1900, Doctor Chesebro has been a loyal member of local, state, and national dental societies, as well as a leader in all community affairs of Shell Rock.

St. Paul (Minnesota) Dispatch: Navy Lieutenant Charles W. Fain is an assault dentist with a Marine Corps regiment in Korea and, as such, his main work is casualty evacuation and assisting the regimental surgeon, in addition to emergency dentistry. But dentistry in a fox-hole is a far cry from the starched white cleanliness of Doctor Fain's Winter Haven, Florida, office. As a member of the Naval Reserve, Fain was called to duty with the Marine unit to which he was attached, and six weeks later he landed on the shores of Korea.

Now Lieutenant Fain's office is a hole in the ground at best, but at times he does not have even that. Recently he



extracted an upper left second molar for a Marine rifleman while sitting on the front steps of a Seoul bank building. His extraction technique is simple: He sits on the edge of a foxhole, while his patient sits down in the hole, rests his neck on Fain's lap with the back of his head in the crook of the dentist's elbow. Lieutenant Fain carries only a small work kit with emergency dental equipment, for Marines with serious dental disease are sent to the rear for treatment.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Mrs. H. Paris, 4600 Ninth Avenue, Brooklyn 20, New York
A. Colburn, 16875 Sussex, Detroit 35, Michigan.
Mrs. W. H. Matthews, 4506 Swiss, Dallas 4, Texas.
Theodore Katz, D.D.S., 2802 Grand Concourse, New York 58, New York.
Adeline E. Cohen, Uptown Station, Box 125, St. Paul 2, Minnesota.
S. F. Heverly, D.D.S., 606 Black Hawk Building, Waterloo, Iowa.
Mrs. Albert Paepke, Sauk City, Wisconsin.

#### SO YOU KNOW SOMETHING ABOUT DENTISTRY!

#### ANSWERS TO QUIZ LXXVI

(See page 43 for questions)

- (c) slow setting. (Leatherman, G. H.: Aids in Chairside Technic in Practice of Precision Dentistry: Silicate Cement Filling, British Dental Journal 85:182 [October 15] 1948)
- True. (Tylman, S. D.: Crown and Bridge Prosthesis, St. Louis, C. V. Mosby Company, 1940, page 119)
- (b) lingual surfaces of lower incisors and cuspids. (McBride, W. C.: Juvenile Dentistry, ed. 4, Philadelphia, Lea & Febiger, 1945, pages 186-187)
- 4. To secure a slight displacement of the movable tissue of the soft palate, so that when the dentures move in function the posterior seal will not be broken readily. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 404)
- (c) detergent properties. (Accepted Dental Remedies, ed. 15, American Dental Association, 1950, page 13)
- (b) nonpurulent. (Hill, T. J.: Oral Pathology, ed. 3, Philadelphia, Lea & Febiger, 1945, page 32)
- The distinctness or clarity of outline with which the image of a given object will register on a film or screen. (Richards, A. G.: Roentgenographic Technics Made to Order, JADA 39:396 [October] 1949)
- None—all refer to the area of the upper end of the ramus of the mandible. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 1949, page 61)
- Yes—rather sharply. (Lane, J. R.: A Survey of Dental Alloys, JADA 39:426 [October] 1949)
- The pericoronal gingiva extending over the occlusal surface of a partly erupted third molar. (Thoma, K. H.: Oral Surgery, Vol. 1, St. Louis, C. V. Mosby Company, 1948, page 326)

#### CAN YOU USE A DOLLAR?

To every reader who contributes a newsworthy item, something unusual about a dentist, which is published in Dentists in the News (see page 67), we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

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Please communicate directly with the impartment Editors, V. Clyde Smedley, 83.5., and George R. Warner, M.D., 13.5., 1206 Republic Building, Denver, lalerado, enclosing postage for a persual reply.

#### Cross Bite

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0.-I have a young woman of 23 who s a cross bite. The lower jaw throws the right about a half tooth. This ondition started about four years ago and the left joint has bothered her for the last year. She wants me to extract ll her teeth and make dentures for her, hinking this would correct her problem. Her teeth are in poor condition, and if was not for the jaw thrown to the right, I would proceed with the extracions. What has been your experience with cases like this? Would dentures relieve the tender left joint? Any information you could give me will be greatly appreciated .- D. R. S., Colorado. A.-In all probability, the de-

A.—In all probability, the development of the cross bite in your 23-year-old patient is, or was, due to a habit. Therefore, the thing to to in this case is to find the cause of the condition. Extracting her

teeth and replacing them with dentures not only would fail to correct the trouble, but might well make it worse.

Orthodontists find that many cases of malocclusion stem from such habits as having the hand under one side of the face at night, or leaning the lower jaw on one or both hands when studying or reading.

Your patient probably developed some such habit eight or ten years ago, the effects of which were not noticeable until, as she says, about

four years ago.

If this girl has nearly a full complement of teeth, the trouble with the jaw joint probably is not related to the teeth themselves; therefore, dentures would not likely help the joint trouble.—George R. Warner.

#### **Collection Procedure**

Q.—Here is a problem that has bothered me since leaving school. When only a partial payment is made at the time of insertion of dentures, and full payment is not received after six months, what is the proper legal procedure to follow?

I have been told by local dentists that it is unlawful for me to remove a denture from a patient's mouth because full payment was not made.—L. H. W., Pennsylvania.

A.—You cannot, of course, remove unpaid-for dentures from a patient's mouth by force.

Just once during my forty years of practice, when a patient came in for an adjustment many months after dentures were inserted, I kept the dentures and refused to return them without payment. In this case no payment had been made in the beginning and many promises to make payment on certain dates had been disregarded.

I do not know what my legal rights were in that case, since she did not sue me but meekly accepted the deprivation. She said her husband had had hard luck in his business and she was helpless to do anything about it.

I did not believe that they were unable to make some payment in all of those months, but still I have never felt right about depriving that woman of her teeth. They, of course, did me no good, and she might have made at least a partial payment on them eventually if I had let her continue to wear them.

Our present method is to check through the Retail Credit Men's Association on a patient's credit and paying habits and, when he is a poor risk, to require cash before dentures leave our office.-V. CLYDE SMEDLEY.

Hypersensitivity

Q.—The problem of sensitive teeth seems to occur much more frequently among prison inmates than in private practice. Observation over a period of about fifteen years indicates that the affected people have better than average teeth and regular arches.

Several such people have begged to have all their teeth extracted. Some teeth, besides being extremely sensitive along gingival margins, also develop sensitiveness to tapping.

We have tried to correct brushing which, of course, had little effect. We suspect diet, and perhaps nervousne from confinement is responsible in par The diet is high in refined carbohydrau such as white bread, macaroni, a spaghetti; perhaps lacking in vegetable and definitely in fruit.

We are sending roentgenograms of 27-year-old white man's dentition illustrate the type of teeth we mea This man says he is "terribly" hung about eleven-thirty each night, but he no appetite at meal time.

This is a sketchy explanation, but wonder if you have had similar expe ences reported .- D. D. H., South Daket

A .- Your observations about the sensitiveness of the teeth of prise inmates is quite interesting. Or of my friends has been the attend ing dentist in our penitentiary for many years, but he has never me tioned the peculiarity of the test which you have noted.

The roentgenograms enclose with your letter show evidence occlusal trauma, and, as you know this may result in hypersensitive ness and pericementitis. To be sur the occlusal trauma may not be the only cause of the hypersensitive ness in this particular case, and may not obtain as a causal fact in other cases. Inasmuch as notice hypersensitiveness of the teeth in neurotic people in our pri vate practices, it is likely that you idea about prison confinement be ing a factor in the conditions you have noted has a sound basis.

If you have the time and financial backing, it would be interesting to see if adjusting the occlusion and giving a thorough prophylactic treatment in this partice

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ha far cry from the old rificial tooth" to the premely natural modern toration. Only ART reins today. And the art of bricating completely ural restorations is made re simple and more tain by the use of Steele's thack New Hue facings h Steele's Gold Faced kings. These backings will "shadow through." The final shade of the facing is served, hence shade matching mplified. And the resulting toration harmonizes perfectly with rounding tissue and adjacent natl teeth - even to the lifelike sparkle.

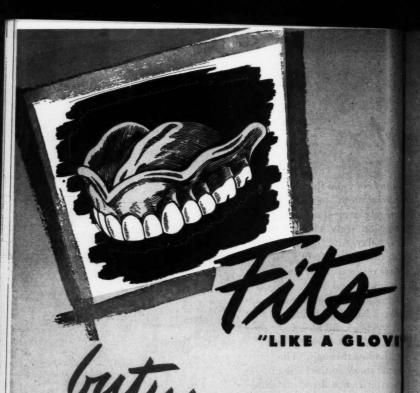
HE COLUMBUS DENTAL MFG. CO.

Tyears of progress in the mechanics and esthetics of restorative dentistry

Steeles

FLATBACK
NEW HUE FACINGS

GOL-FAC BACKINGS



in the presence of anatomical or psychological difficulties, the patient may never achieve successful adaptation without extra help during the first critical weeks.

To encourage persistent use during this difficult period, many dentists recommend Wernet's Powder, which improves retention and stability with its resilient cushion. By stimula confidence, it helps significa in facilitating successful man of the new prosthesis.

Use the coupon for a liberal office supply.

Wernet Dental Mfg. Co., Jersey City 2, N. J.

SPEEDS THE MASTERY OF THE DENTU

WERNET'S POWDE

#### WERNET DENTAL LORE

JANUARY 1951

One might suppose that there were fewer dentists in the smaller cities than in larger ones. But statistics show that in 1949, cities and towns of 10,000-25,000 population had more dentists than those of 25,000-500,000.

In 1949, forty-one dental schools were fostering dental education in the U.S., as compared with three 100 years ago. Nebraska graduated more dentists from its dental schools that year than any other state in the Union.

Approximately 21,270,000 persons in this country, including 37% of all over 30, wear some type of removable denture, according to a University of Illinois panel.

Today, many physicians stress the relationship between systemic disease and periodontal disease. But as early as four centuries before Christ, Hippocrates wrote of the influences "that diseased teeth have in diseases of the breast, throat, and ears, which diseases could only be cured by removing the troubled teeth."

Artificial teeth were long made in China, carved from ivory and fastened to adjoining teeth with copper wire or catgut. If two or more were needed, they were made in one piece, drilled the whole length, and a double string or wire inserted, which looped over adjoining teeth.

Dental prosthesis was greatly advanced by two Prussians: Purmann, military surgeon, who in the 1680's recommended the method of wax impressions; and Pfaff, dentist to Frederick the Great, who first described plaster models in 1757, and incidentally, tried to introduce mother-of-pearl teeth.

The Indian gum tree from which karaya, chief ingredient of Wernet's Powder, is obtained, attains a height of 25-30 feet. It grows in large forests, for the most part owned by the government of India.

WERNET DENTAL Jersey City 2, N. J.		
Please send me a Powder.	complimentary office supply of W	/e
Dr		_
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(Continued from page 70)
lar case would reduce the sensitiveness appreciably.—George R.
Warner.

#### Hydrocolloids

Q.—Could you give me in detail a good method of taking an indirect impression of a gold inlay preparation, or three-quarter preparation with hydrocolloid, including information on the armamentarium? How do you heat the hydrocolloid for these small impressions and how do you take the bite?—S. S., New York.

A.—The details of making indirect gold inlays using hydrocolloids would be entirely too long and involved to be given in a letter. The same may be said about the necessary armamentarium.

If you want to learn this technique, it would be necessary for you to take a refresher course with someone who can train you. Below are given some references and in these articles you will find the answers to your questions. 1—GEORGE R. WARNER.

#### **Lefthanded Dentists**

Q.—My son, now a freshman in college, is interested in following in my footsteps in the practice of dentistry. However, he is lefthanded and I feel that may be a handicap for him.

I remember one or two of my classmates at dental school who were lefthanded, but I have lost touch with them and am unable to get information regarding their experiences in practice.

Do you have any personal knowledge of such practitioners, and can you tell me whether being lefthanded has presented any difficulty in the practice of our profession? I should also like to know if there is any educational service giving a comprehensive aptitude test for aspiring dentists.—M. F. B., New York.

A.—You are right in your assumption that being lefthanded is a handicap in the practice of dentistry. It is not, however, too serious a handicap. I had an associate in my practice at one time who was lefthanded; he was a good operator and did not seem to be inconvenienced seriously by the fact that the operating chair was built for a righthanded dentist and that he had to have some special forceps for his left hand.

One of my best friends was naturally lefthanded, but he trained his right hand until he became proficient in operating from the right side of his chair, although he operated a great deal ambidextrously.

Nearly all dental colleges give aptitude tests now before accepting students.—George R. Warner.

"IT IS UNETHICAL IF YOU-" (Continued from page 65)

12. Permit such listings as "If No Answer Call," "Residence," or "Hours" to appear in the classified telephone directory after your name.

13. Display your name and address in such printed matter as centennial programs, village "days," carnival programs, and church bulletins. These are regarded as is any other printed page, such as a newspaper or weekly journal.—Compiled by the Ethics Com., Chicago Dental Society.

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<sup>&</sup>lt;sup>3</sup>Kimball, H. D.: Hydrocolloid in Restorative Operative Dentistry—Technique and Principles. DENTAL DIGEST 55:64-71 (February) 1949; Schaffer, Jacob: Hydrocolloids for Indirect Inlays, DENTAL DIGEST 55:550-555 (December) 1949.

# Are your patients getting the benefits of Dentocillin?

(THE NEW PENICILLIN TOOTH POWDER)

Thousands of dentists are welcoming this powerful, new weapon to fight tooth decay

YOU, of course, want your patients to have every possible benefit, resulting from new dental developments and methods and products.

So does every other dentist who takes a sincere interest in his patients' welfare.

That's why the profession gave such an

That's why the profession gave such an enthusiastic welcome to the idea back of Dentocillin—putting the power of penicillin to work to reduce dental caries. And that's why, after learning the tremendous advantages of this new dentifrice, thousands of dentists are now prescribing it for daily use.

For Dentocillin is not only the most modern way to combat tooth decay . . . it has also been proved more effective in reducing the incidence of dental caries than has been authoritatively reported for any other dentifrice or agent. Its effectiveness is based on facts . . . not fact-stretching. And its safety has been established in

thorough clinical tests.

As a part of the intensive five-year development and research program on Dentocillin, a two-year controlled clinical test was conducted among school children. At the end of the period, children using Dentocillin had 55% less tooth decay than those who had used an identical tooth powder without penicillin. And the test was in no way dependent on toothbrushing immediately after meals. (Results of study reported in May, 1950, issue of *The Journal* 

Dentocillin reduced dental caries 55%

Other tests indicated that Dentocillin is also effective in the treatment of gingival infections. Further investigations are

of The American Dental Association.)



under way to determine the full extent of its effectiveness.

Safe—no indication of penicillin-fusiness
Moreover, every factor relating to possible
effects of daily use of Dentocillin has been
subjected to exhaustive clinical testing. No
indication of the development of penicillinresistant organisms was found. (Results of
study reported in The Journal of The
American Dental Association, July, 1950.)

No significant sensitivity reactions
From all evidence, no significant problem exists regarding sensitivity. In addition to the school children, 4,480 subjects used Dentocillin continuously. Only six showed a minor reaction. Additional tests among persons known to be sensitive to injections of penicillin showed no allergic manifestations.

The thoroughness of the entire testing program has been commended by leaders in the profession and by *The Journal of The American Dental Association* (editorial, May, 1950). Dentocillin is certified by The United States Food and Drug Administration.

DENTOCILLIN IS AVAILABLE ONLY ON PRESCRIPTION. BEGIN PRESCRIBING IT IMMEDIATELY—to give your patients the most modern, effective, safe dental care.

The Andrew Jergens Company, Drug Division, Cincinnati, Ohio



Frosh: "I'd like to see something cheap in a felt hat."

Irritated Clerk: "Try this on. The mirror is to the right."

There had been a train wreck, and one of two traveling authors felt himself slipping from this life.

"Goodbye, Tom," he groaned to his friend. "I'm done for."

"Don't say that!" sputtered the friend.
"For God's sake don't end your last sentence with a preposition!"

"I wish you fellows wouldn't call me Big Bill any more."

"Why what's bad about that moniker?"

"These college nicknames stick through life, and egad, I'm studying to be a doctor."

"I belong to the greatest nation in the world," said an American who was being entertained by a Scottish family.

"And how did you come to lose your accent?" asked his hostess gently.

"Why was Adam like a radio?"

"Because they took part of him and made a loud speaker." Friend—"Was your uncle's mind vigorous and sane up to the very last?"

Heir—"I don't know—the will won't be read until tomorrow."

"Father, what's the biggest fish you ever caught?"

"You'd better go ask your mother. I've forgotten what I told her."

"Say, what's the matter with that dog of yours? Every time I come near the water-cooler, he growls."

"Oh, he won't bother you."
"Then what's he growling about?"

"He's probably a little sore because you are drinking out of his cup."

He: "Hello, Beautiful. I understand you are no longer a struggling stenographer."

Gal: "No, when I quit struggling I found I didn't need to be a stenographer."

Sweet Little Thing—"What's the trouble, officer?"

Traffic Cop-"You were going sixty miles an hour, Miss, that's all."

Sweet Little Thing—"Ah, that's where I've got you. I've been out only ten minutes. So, smarty!"

Landlady—"That new boarder is either a married man or a widower."

Pretty daughter—"Why, Ma, he says he is a bachelor."

Landlady—"Well, I don't believe it. When he opens his billfold to pay his board he always turns his back to me."

First Farmer: "Potato bugs ate my whole crop in ten days."

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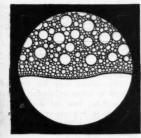
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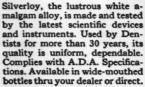
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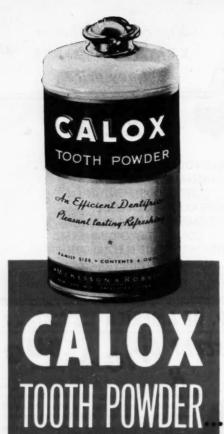
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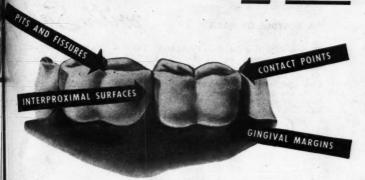
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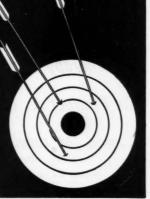
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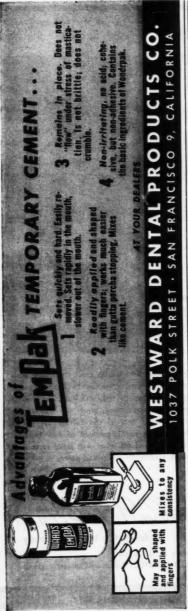
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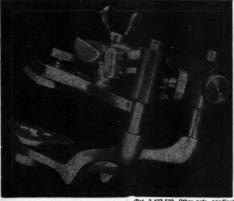
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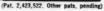
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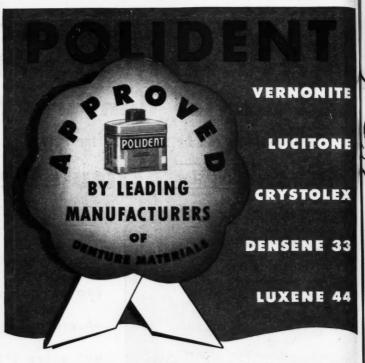
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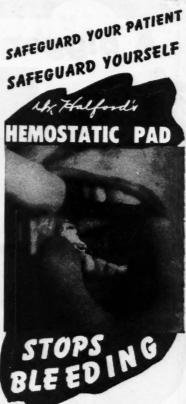


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REFERENCES: 1. Henschel, C. J. and Lieber, L.: J. Dent. Research, 28:248, 1949. 2. Kirchheimer, W. F. and Douglas, H. C.: J. Dent. Research, 29:320, 1950. 3. Lefkowitz, W. and Tanchester, D.: N. Y. Dent. J., 16:297, 1950. 4. Stephan, R. M.: J. Dent. Research, 22:63, 1943.

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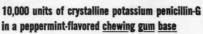
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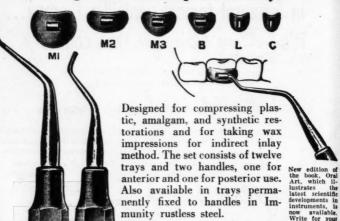
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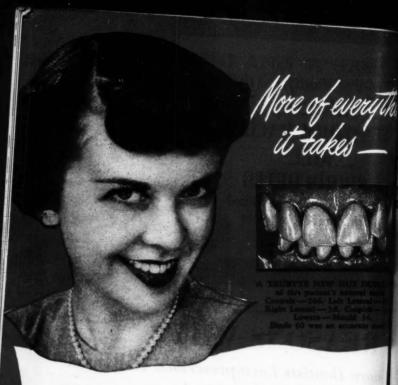
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\*J. A. Ph. A. 36:385, 1947 \*\*J. A. Ph. A. 38:258, 1949

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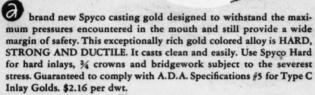
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